

	Rural	Urban
Physical Disability	90	83
Visual	23	20
Hearing	15	12
Speech	5	5
Locomotor	53	52

(d) All WHO schemes under Mental Health are being availed by the Government.

**New MCI code for doctors**

3053. SHRI B.J. PANDA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Medical Council of India (MCI) has proposed new code for doctors;

(b) if so, the details thereof; and

(c) the date from which the new code is being made effective?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) to (c) Yes, Sir. The Medical Council of India has submitted a draft of 'Regulations on Professional Conduct, Etiquette and Ethics, 2000' for the approval of the Ministry of Health and Family Welfare which is being finalised in consultation with other concerned Departments.

**Malaria in tribal areas of Andhra Pradesh**

3054. DR. DASARI NARAYANA RAO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that most of the tribals dominated areas of Andhra Pradesh are increasingly becoming malaria prone and large number of deaths are occurring in such areas;

(b) if so, the details thereof for the last two years, year-wise and district-wise; and

(c) what steps the Central and State Governments have taken to control Malaria in Tribals dominated areas of Andhra Pradesh?

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA):** (a) and (b) Ten Tribal predominant districts of Andhra Pradesh have been identified as Malaria hard core districts and included in the Enhanced Malaria Control Project (EMCP) with World bank Support for intensification of malaria control activities by way of additional inputs through a mix of interventions. Malaria incidence and deaths due to Malaria in these districts have shown declining trend during the year 2000 as compared to 1999. During the year 2000, the number of deaths recorded in these districts have been 7 as compared to 10 deaths during the year 1999.

(c) For effective prevention and control of Malaria in the State of Andhra Pradesh, the following steps are being taken by the Central as well as State Governments:—

1. Early Detection and Prompt Treatment (EDPT) of cases has been intensified by gearing up surveillance.
2. Facilities for detection and treatment of cases have been extended to the village level by involving community volunteers as Drug Distribution Center (DDCs) and Malaria Link Volunteers (MLVs) in high risk areas.
3. Rapid diagnostic kits for malaria case detection has been introduced for piloting.
4. Identification of referral centre for the management of severe and complicated malaria.
5. Providing alternative anti-malarials in Chloroquine resistant areas.
6. Vector control measures have been intensified by prioritization of areas for selective spray with appropriate insecticides and alternative vector control methods.
7. Newer and more effective alternative insecticides like Synthetic Pyrethroids have been introduced in the programme.

8. Information Education and Communication (IEC) activities for Public awareness have been intensified.
9. Capabilities for Epidemic preparedness and repid response are being strengthened.

**Implementation of Family Welfare Programme at District Level**

3055. SHRI R.S. GAVAI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have identified so far the districts requiring special attention for implementation of Family Welfare Programmes;

(b) if so, the details thereof; and

(c) if not, how long it would take to identify such districts?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) to (c) Details of district based programmes started during 2000-2001 under various Schemes of the National Family Welfare Programme are given below:—

**Border District Cluster Project**

The Border District Cluster Project has been launched on 3.5.2000 in 47 identified districts of 16 States. Details are given in Statement-I. (*See below*) Additional inputs are being given to these districts for improving implementation of interventions under the Reproductive and Child Health (RCH) Programme with the objective of reducing the Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR) by 50% over a 4-year period.

**Reproductive and Child Health Outreach Scheme**

The Reproductive and Child Health Outreach Scheme is being implemented to improve the delivery of maternal and child health service in remote areas and urban slums. Selected districts will be provided additional support for mobility of staff, improvement in